

OREGON CONSORTIUM FOR NURSING EDUCATION

CLINICAL EDUCATION REDESIGN GROUP

Proposed Clinical Education Model

Executive Summary

Preamble:

The Clinical Education Model Project¹ for the Oregon Consortium for Nursing Education was launched in February 2006. Based on early findings in the project² it became clear that the current model of clinical education is increasingly driven by availability of clinical placements, not by experience that correlates with course outcomes or competency development. The predominant current model of clinical education is taxing faculty, facilities, students, and staff. New approaches to teaching for clinical practice are essential, both for effectiveness and to sustain the partnership between faculty and staff. Students need experience with patients across the lifespan, and ample learning experience with patients with prevalent illness and disease (Tanner, 2006). Students need to understand the trajectory of chronic illness and management of end-of-life care.

In phase IV of the Clinical Education Model Project, the Clinical Education Redesign Group (CERG) was formed with the charge to study the results from prior work and to develop a comprehensive clinical education model that spans the OCNE curriculum. This proposal will serve as the foundation for initial implementation, and will continue to be refined as evaluation input is received and reviewed and through findings from demonstration projects.

Assumptions and Guiding Principles:

1. The OCNE competencies, on which the curriculum was based, are integral to the model. Competencies are spiraled through the progression of learning activities, with reflection as a deliberate part of every learning activity.
2. The OCNE curriculum emphasizes highly prevalent conditions across populations and settings, seeking deep understanding of situations most likely to be encountered.
3. There is variety in the types of clinical learning activities designed and settings utilized for students to attain progressive proficiency in all the OCNE competencies..
4. A collaborative partnership between the clinical agency and the nursing education program supports learning using shared language and values to enhance communication and relationships.
5. Optimal learning requires a learning environment with a relationship between staff, faculty, and students in which all are learning together
6. Efficient use of student, faculty and staff time and resources is considered in the design of learning activities.
7. The new model is designed to reduce the workload for faculty and staff of the clinical agencies that are used for student experience.

¹ Funded by Northwest Health Foundation and Kaiser Community Fund

² Gubrud-Howe, Paula et al., White Paper on OCNE Clinical Education Redesign, unpublished paper.

8. Optimal learning is contextual (situated in real nursing practice) and conceptual (includes knowledge, know-how, and ethical comportment of nursing practice) whether in the classroom, lab or clinical setting. Within the OCNE curriculum, there is a blurring of lines between the traditional classroom and clinical education, to blend contextual with the conceptual learning.
9. Learning activities are as close to actual nursing as feasible in order to help students think, feel, and behave like a nurse throughout the curriculum.
10. The model implies moving away from “total patient care” in an acute care setting as a primary instructional approach to one that uses a variety of learning activities in a variety of settings and includes experiences for advancing clinical judgment and ethical reasoning and comportment.
11. Learning is enhanced by an environment with support that is appropriate to the level of the student.
12. Clinical learning experiences should scaffolded - This involves providing support and regulating the difficulty of the problems students confront so that the level of challenge is optimal.
13. Every learning activity has a deliberate intention related to learning and development of competencies.

Elements of the Proposed Model:

The proposed OCNE clinical education model plans and stages learning activities to accomplish course outcomes and takes into account both the learning needs and developmental level of the student and the complexity and opportunities in the learning environment. The following five types of learning experiences are elements of the proposed Clinical Education Model

For the proposed new model, five types of learning experiences were identified, as follows:

1. **Concept-based Experience** is designed to support student learning of pattern recognition. Through multiple encounters with clients experiencing the same problem, students learn pattern recognition associated with a specific concept, illness, disease or health problem. The patterns related to recognition and treatment of illness/disease and health problems are intentionally uncovered and addressed.
2. **Case-based Experience** presents students with authentic clinical problems they will likely encounter in practice and provides for practice of clinical judgment and nursing performance through client case exemplars.
3. **Intervention Skill-based Experience** builds proficiency in the “know-how” and “know-why” of nursing practice. Skill-based experiences include repetitive practice where such repetition will facilitate skill mastery and the development of embodied know-how. These experiences include psychomotor skills, as well as communication, teaching, advocacy, coaching, and interpersonal skills among others.
4. **Focused Direct Client Care Experience** enables the student to gain progressive experience in providing nursing care and to build and understand the role of developing relationships with patients. The assigned focus for a care experience allows the student to apply a growing knowledge and skill base to client care.
5. **Integrative Experience** provides opportunity for the student to apply all elements of prior learning into a specific clinical context. Rather than the student being assigned to a

particular client, the student is assigned to work with a registered nurse and provides client care with, and under the direction of, the registered nurse. Characteristics of a good integrative practicum include opportunities for the student to practice nursing in an organizational context including experience with the rules, norms, culture and infrastructure of a clinical nursing setting and synthesis of all prior learning. An integrative experience should be of sufficient length to allow the student to become immersed in the clinical setting.

Relationship of the Five Elements

To apply these five types of learning experiences in a meaningful way, consideration is given to the curriculum as well as to the developmental level of the student in formation of nursing knowledge, skill and ethical comportment. For early experiences, the Concept-based, Intervention Skill-Based, and Case-based Experiences provide building blocks that will facilitate the student's abilities required for Focused Direct Client Care experiences. Experiences may be a pure reflection of one element or may be a blending of more than one of the five types of elements.

In later courses the relationship among the elements of the model shifts to reflect the students' ongoing development. When the student has a larger store of knowledge and skill, the emphasis on focused direct client care increases. Other elements of the model continue to play a role, with the use of the case-based experience to complement direct client care experience. Since there is more knowledge and skill to integrate, the integrative experience is extended.

In the final courses Integrative Practicum (N224/424 and N425), the emphasis is strongly oriented to Focused Direct Client Care, Integrative Experience, and completion of competency development that extends beyond direct patient care (e.g interdisciplinary team work). Periodic use of Concept-based and Case-based Experience complements the Integrative Experience.

Standards for OCNE Clinical Education:

Nursing Faculty: Minimum Expectations

- Faculty introduce nursing students to the clinical site and provide the support and functions consistent with the type of learning activity (focused direct client care, case based learning, concept based learning, integrative experience, integrative practicum).
- Faculty are responsible for the design of clinical learning activities
- Faculty demonstrate knowledge of the clinical facility.
- Faculty initiate and maintain an open dialogue with unit staff and managers regarding the plan and execution of the students' clinical experience.
- Promote a climate conducive to learning
- Demonstrate collegial approaches to patient care

Nursing Students: Minimum Expectations

- Prepare for the learning activity
- Are present at the beginning of the learning activity
- Communicate learning needs to faculty and/or care staff
- Communicate to faculty and nursing staff related to client safety and condition

- Be fully engaged in all clinical learning activities
- Engage in relationship-centered care
- Reflect on experience to discover and enhance learning related to OCNE competencies
- Engage in ongoing self-reflection and evaluation
- Promote a climate conducive to learning
- Demonstrate collegial approaches to patient care

Clinical Nursing Staff and Management Team: Minimum Expectations

- Seek clarity about the purpose of the student experience
- Communicate with students and faculty within the context of the learning activity
- Welcome the students into the clinical environment
- Provide ongoing formative evaluation and feedback to students and faculty
- Maintain accountability for the patient/client
- Promote a climate conducive to learning
- Demonstrate collegial approaches to patient care

Partnership with Clinical Agencies:

The OCNE clinical education model recognizes and accounts for the critical role that clinical agencies play in the education of students and the importance of preparing students to act as nursing professionals employing the full range of nursing competencies in the world of practice. The role of the clinical partner varies across the course of student development with the clinical partner assuming more accountability for student development as the student approaches independent practice and the final Integrated Practicum courses. Clinical partners always retain accountability for patient care. Clinical partners also retain accountability for developing and maintaining a healthy work environment that facilitates staff, faculty and student learning. Full discussions with clinical partners to introduce, plan implementation, monitor, and evaluate the model are encouraged. Finally, OCNE encourages clinical agencies to consider linking current orientation and new graduate programs to the clinical education model to further enhance the transition of the nursing graduate into the world of practice and to foster their continuing learning and development.